

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214520814				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: 21st Century Assurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: F1787235</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000
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COMMON	5,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3 BEAVER VALLEY RD</p> <p style="text-align: center;">CITY/ST/ZIP: WILMINGTON, DE 19803</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM D LOUCKS JR TITLE: PRESIDENT ADDRESS: 3 BEAVER VALLEY ROAD CITY/ST/ZIP/CO: WILMINGTON, DE 19803 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM D LOUCKS JR TITLE: PRESIDENT ADDRESS: 3 BEAVER VALLEY ROAD CITY/ST/ZIP/CO: WILMINGTON, DE 19803	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J DESANTIS DIRECTOR 3 BEAVER VALLEY RD WILMINGTON, DE 19803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER D KAPLAN DIRECTOR 8711 ST IVES DRIVE LOS ANGELES, CA 90069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W LOUIE DIRECTOR 1741 N BENTON WAY LOS ANGELES, CA 90026	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE A MARLIN DIRECTOR 1575 CAPADARO CT MONUMENT, CO 80132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD E RODRIGUEZ DIRECTOR 3635 LONG BEACH BLVD LONG BEACH, CA 90807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN T WUO DIRECTOR 75 N SANTA ANITA SUITE 106 ARCADIA, CA 91006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JEFFREY L PEPPER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY L PEPPER, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	4/22/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			